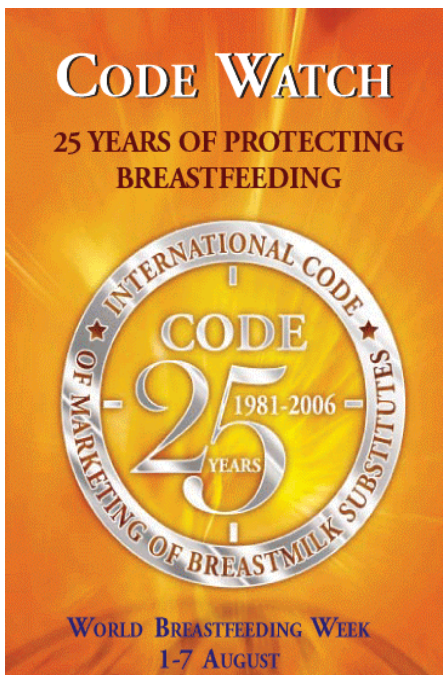


WORLD BREASTFEEDING WEEK

1 - 7 August 2006

What every health worker should know about the *Code of Marketing of Breastmilk Substitutes*



What is the International Code of Marketing of Breastmilk Substitutes?

The *International Code of Marketing of Breastmilk Substitutes* is an internationally recognised set of rules that govern the marketing of breastmilk substitutes. The Code was adopted by the World Health Assembly (WHA) in 1981 (25 years ago) in response to concern over the toll that the aggressive marketing of artificial feeding was having on infant health and survival.

It is the *minimum requirement* for all governments to implement in their own national settings to protect healthy practices in respect of infant

and young child feeding by preventing inappropriate marketing of breastmilk substitutes.



health

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Health
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Why do we need the Code?

Code implementation is necessary to regulate practices that undermine women's confidence to breastfeed.

What is covered by the Code?

The Code covers the marketing of all breast milk substitutes (*not just infant formula*) and infant feeding utensils. These include:

- Infant formula.
- Any product marketed for baby feeding after six months that replaces the breast milk part of the diet, e.g. follow-up formulas.
- Complementary foods if labeled for use before six months, e.g. juices, teas and cereals.
- Any feeding bottle or teat (*a pacifier is a teat*).

Some important provisions of the Code

- No advertising of all these products to the public.
- No promotion of products or free supplies in health care facilities.
- No company representatives to advise or contact mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealising artificial feeding on labels (*no baby pictures*). Labels should provide adequate, clear information.
- Information provided by infant food companies to health care professionals regarding products should not be promotional but be scientific and factual.
- No promotion of complementary foods before they are needed.

Why should we protect Breastfeeding?

For most babies, exclusive breastfeeding for six months followed by continued breastfeeding, together with nutritious complementary foods for two years and beyond is the key to health. WHO studies show that the risk of dying from infectious diseases in the first two months

of life is six times greater in infants who are not breastfed than those who are breastfed.

The promotion, protection and support of breastfeeding rank among the most effective interventions to improve child health and survival. Breastfeeding has health benefits that extend into adulthood. In fact, no formula comes anywhere close to breastmilk.

How does the Code apply in the context of HIV?

Where a pregnant woman or mother has tested positive for the HIV virus, she should receive full information on the risks of transmission of the virus to her infant through breastfeeding as well as the risks to her infant's health if she doesn't breastfeed. She needs to come to a decision based on her own circumstances.

Global recommendations on infant feeding for HIV infected mothers are:

- When replacement feeding (*i.e. feeding the infant without any breast milk*) is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended;
- Otherwise, exclusive breastfeeding is recommended during the first months of life; and those who choose other options should be encouraged to use them free from commercial influences.

The fact that HIV can be transmitted through breast milk should not undermine efforts to support breastfeeding for most infants, as their health and survival are greatly improved by breastfeeding.

The Code:

- Protect children fed with breastmilk substitutes by ensuring that product labels carry necessary warnings and instructions for safe preparation and use;
- Recommend that governments regulate the distribution of free supplies of breastmilk substitutes to prevent spillover to babies who would benefit from breastfeeding and whose mothers are HIV-negative or do not know their status.
- Ensure that the choice of product is made on the basis of independent medical advice and not commercial pressure.

The Code does NOT:

- Try to stop infant formula and other infant products under the scope of the Code being available, or being sold or used when necessary,
- Prevent governments making breastmilk substitutes available to HIV positive mothers when the government has purchased it.

**Some responsibilities of health workers
with regard to the Code**

- Encourage and protect breastfeeding, making themselves aware of their responsibilities under the Code.
- Help a mother make an informed decision on how best to feed her infant,
- Explaining clearly the benefits and superiority of breastfeeding,
- The negative effect of introducing partial bottle-feeding, and the difficulty of reversing the decision not to breastfeed.
- Provide clear instructions on how to prepare and feed it safely. We have to bear in mind that if incorrectly prepared, formula can lead to illness and even death. The preparation demonstration should be given by a health worker, and never by company personnel.

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